FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

D C 20540	
, D.C. 20549	OMB APPROVAL
	II -

OMB Number:	3235-0287
Estimated average burder	1
hours per response:	0.5

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Se	ction 30(h)	oi trie	invesimen	Con	ірапу Асі	01 1940							
1. Name and Address of Reporting Person* <u>Kornberg Joshua</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol BioDrain Medical, Inc. [ BIOR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
													X	Director		X	10% Ow	ner
(Last) (First) (Middle)													X	Officer (g below)	ive title		Other (sp	pecify
					3. Date of Earliest Transaction (Month/Day/Year)								CEO and President					
1 GRAND ARMY PLAZA					08/13/2012										on and	11001	aciii	
#9F																		
(Street) BROOKLYN NY 11217					If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
					,							X Form filed by One Reporting Person						
				— I										Form file	d by More	than (	One Reporti	ng Person
(City)	(5	State)	(Zip)															
		т	able I - Non-D	Oriva	tivo S	Cocurition	- Λc	quired	Dier	nocod o	of or Be	nofic	ially (	Dwnod				
								<del>-</del>	JISK						. 1		[-	
1. Title of Security (Instr. 3) 2. Trans Date (Month/				ıte	action 2A. Deemed Execution Date Day/Year) if any							ies Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially		6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership (Instr. 4)
						(Month/Day/Yea						Owned Fo		llowing (l) (lr		str. 4) C		
								Code	v	Amount	(A) (D)	or Pr	ice	Transactio			'	
			rivati	ve Securities Acquired, Disposed of, or Beneficially Owned														
						lls, warr								Wileu				
1. Title of Derivative Security	2. Conversion or Exercise		3A. Deemed Execution Date, if any	4. Transactio		ction Derivative		6. Date Exercisable and Expiration Date Securities Unc (Month/Day/Year) 7. Title and An Securities Unc Derivative Sec			Underl	lying Derivative		9. Number of derivative Securities		10. Ownership Form:	11. Nature of Indirect Beneficial	
(Instr. 3)	Price of Derivative Security	(Monanday/rear)	(Month/Day/Year) 8) Acquired (A) or Disposed of (D) (instr. 3, 4					,	(Instr. 3 and 4)			(Instr. 5)	Beneficially Owned Following		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
	, ,	and 5)												Reported Transaction(s)		,		
				Code	v	(A)	(D)	Date Exercisable		cpiration ate	Title	Amou Numb Share	er of		(Instr. 4)			
Non-											Common							
qualified Stock Options	\$0.08	08/13/2012		A		6,000,000		08/13/2012	08	8/13/2022	Stock, par value \$0.01 per share	6,000	0,000	(1)	6,000,0	000	D	

## **Explanation of Responses:**

1. The grant of non-qualified stock options to Mr. Kornberg was made pursuant to his Employment Agreement, dated as of August 13, 2012, with BioDrain Medical, Inc. and was made in consideration of his entering into such Employment Agreement.

/s/ Joshua Kornberg

08/15/2012

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.